

FIG. 1

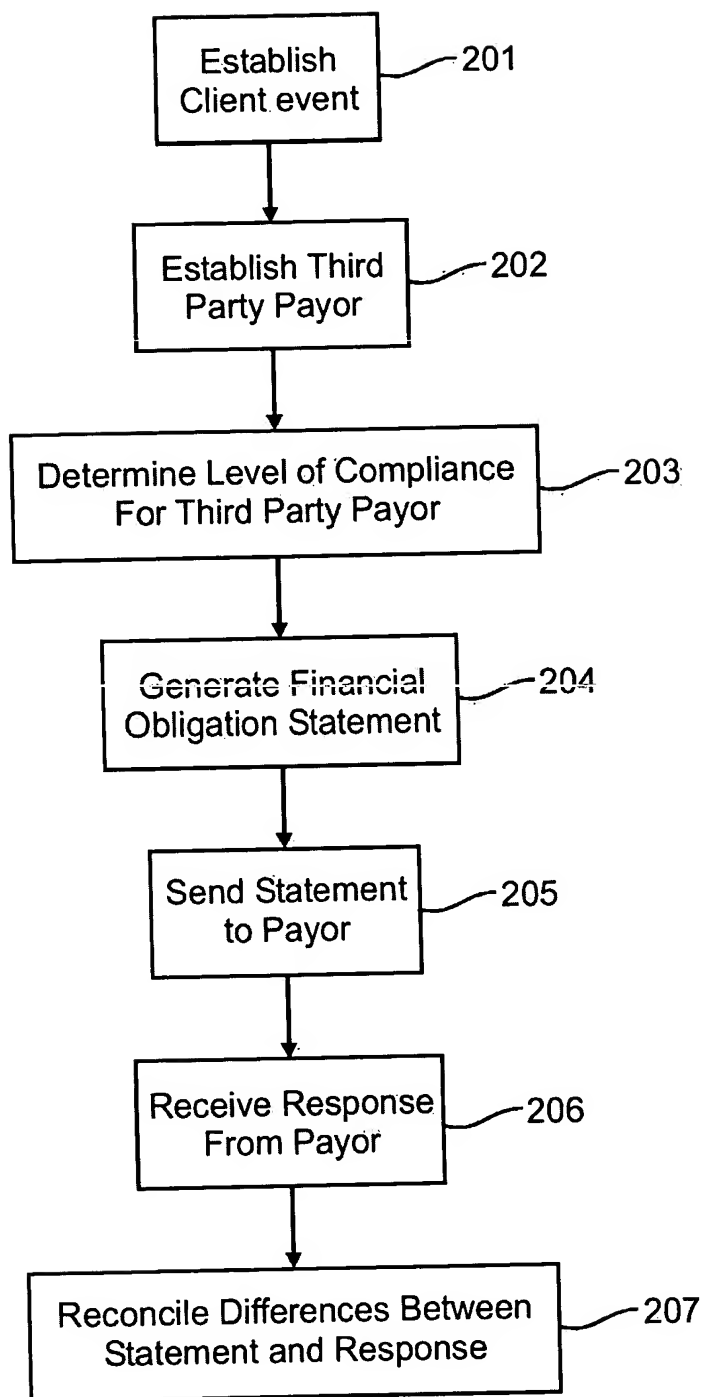


FIG. 2

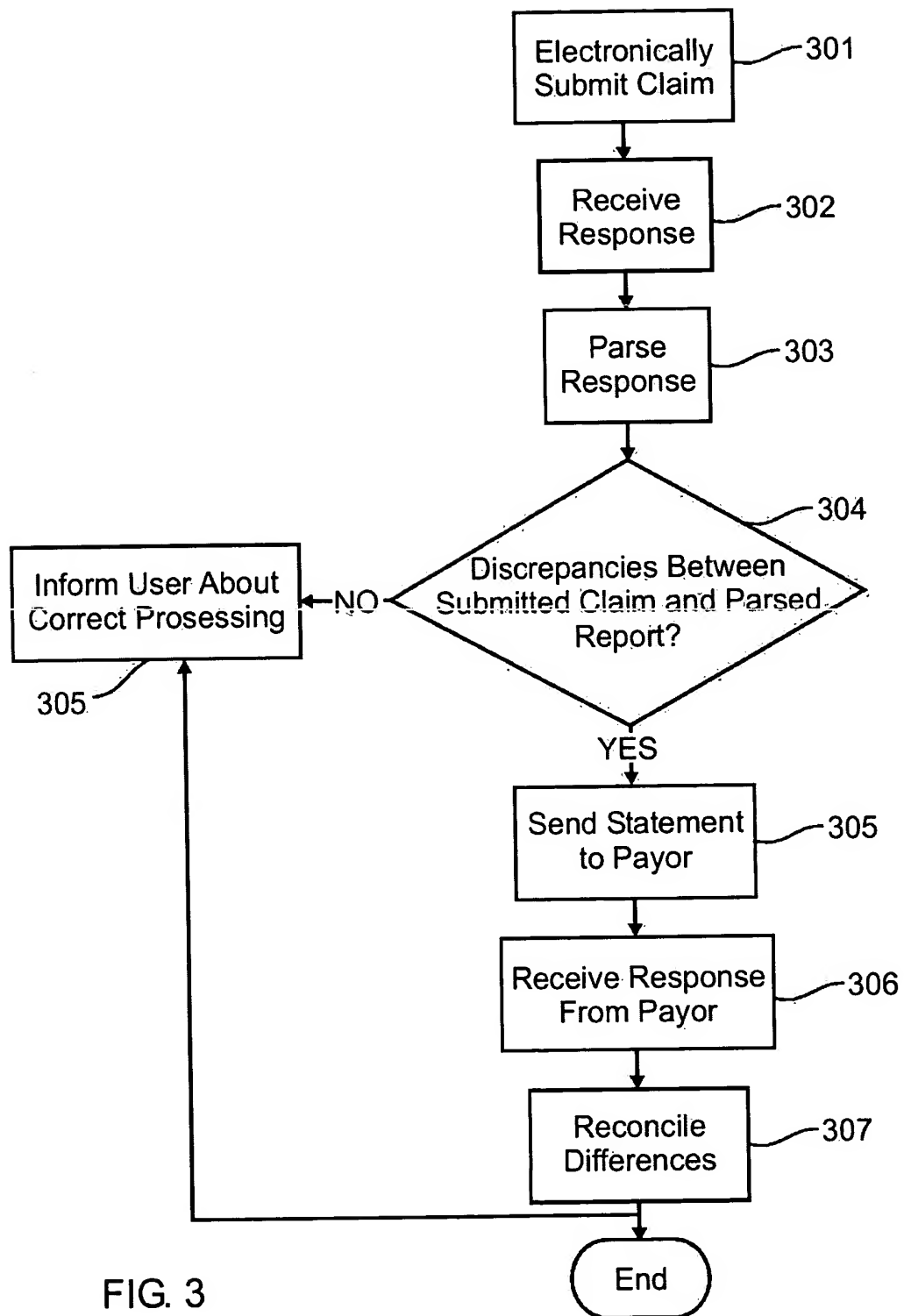


FIG. 3

Level 10 Ophthalmology (1.0.2.28) - [Find Patient]

Admin Billing Reference Schedule Password Logout Exit Window

Account No.: Last Name: First Name: SS No.:
 Phone (ex: 805224444): Reference No.:

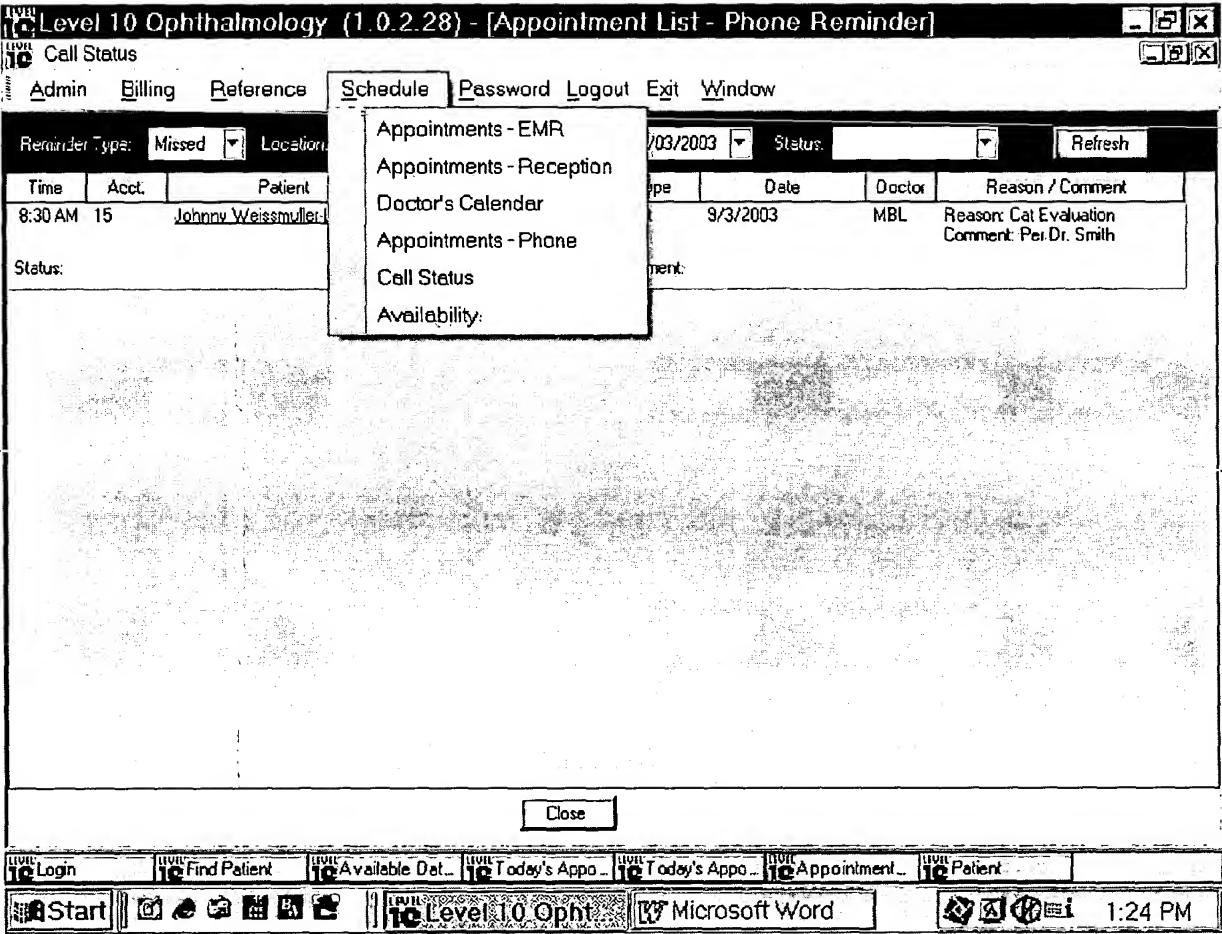
Find Clear Cancel

Add New

Account	SS No.	Name	DOB	Phone
15	555-66-7777	Weissmuller-Lawless, Johnny	4/23/1950	(111)222 3333

LEVEL 10 Login Find Patient Patient

Start Level 10 Opht 1:06 PM



Level 10 Ophthalmology (1.0.2.28) - [Appointments by Doctor]

Admin Billing Reference Schedule Password Logout Exit Window

Refresh Print

Location: SLO Doctor: Michael B. Limberg Date: 09/03/2003

Time	Location	Acct. No.	Name	DOB	Reason	Comment
8:30 AM	SLO	15	Johnny Weissmuller-Lawless	04/23/1950	Cal Evaluation	Per Dr. Smith

Start | Find Patient | Available D... | Today's Ap... | Today's Ap... | Appointme... | Today's Ap... | Patient | Appointme...

Level 10 Opht Microsoft Word - ... 1:21 PM

Level 10 Ophthalmology (1.0.2.28) - [Patient]

Admin

Billing

Reference

Schedule

Password

Logout

Exit

Window

Location: SLO

First: Johnny

Last: Weissmüller-Lawless

MI:

Pronunciation/
Nick Name:

Suffix:

Account No: 15

Co-Pay: \$10

Status:

Financial Class:

Age: 53

Personal

Notes

Insurance

Appointments

EMR

Approvals

Recalls

Payments

Charges

Ledger

Reference No.: 2233

Marital Status: Married

PCP:

Sex: M

Salutation: Mr.

Date of Birth: 04/23/1950

SS No.: 555-66-7777

Referral

Insurance Company

Classification:

Address

Street: 197 Falkfoot lane

City: San Luis Obispo

State: CA

Zip: 93401

Phone

Home: (111)222-3333

Cell: (805)999-9999

Work: (805)222-3333

Ext.:

Employment

Occupation: Highway Patrol Officer

Employer: California Highway Patrol

Emergency Contact

Name: Sue Law

Phone: (805)541-1342

Ext.:

Phone 2: (805)541-1342

Ext. 2:

Relationship: Mother

Account Responsible

Same as patient

Salutation: Mr.

Relationship: Self

First: Johnny

Last: Weissmüller-Lawless

MI:

Home Phone: (111)222-3333

Cell: (805)999-9999

Street: 197 Falkfoot lane

Work Phone: (805)222-3333

Ext.:

City: San Luis Obispo

State: CA

Zip: 93401

email: jaw@email.com

Last updated by: JSG

Save

Cancel

on: 7/24/2003 8:19 AM

ic Login

ic Find Patient

ic Patient

Start

ic Level 10 Oph

Microsoft Word

1:07 PM

Level 10 Ophthalmology (1.0.2.28) - [Patient]

Admin

Billing

Reference

Schedule

Password

Logout

Exit

Window

Location: SLO

First: Johnny

Last: Weissmuller-Lawless

MI:

Pronunciation/
Nick Name:

Suffix:

Account No: 15

Co-Pay: \$10

Status:

Financial Class:

Age: 53

Personal

Notes

Insurance

Appointments

EMR

Approvals

Recalls

Payments

Charges

Ledger

Name	Rank	Phone	Contract Type	Active	Effect From	To	Auth	%
<New Insurance>								
AARP-UnitedHealth	1	(800)523 5800		Y			Y	

Insurance Company

Name:

Street:

City:

State:

Zip:

Attention:

Carrier Type:

Fin. Class:

Medi-Gap Code:

EMC Dest. Code:

NEIC Code:

Claim Form:

Rank: 1

☒ Active:

Co-Pay: \$

Phone:

Percentage:

Policy:

Same as patient

First:

Last Name:

MI:

ID:

Sex:

Street:

Relationship to insured:

Date of Birth:

City:

Group Name:

Group No:

State:

Zip:

Phone:

Effective from:

to:

Employer:

Notes:

☐ Authorization required

Hold until paid for:

Last updated by: JSG

Save

Cancel

on: 7/24/2003 8:19 AM

Login

Find Patient

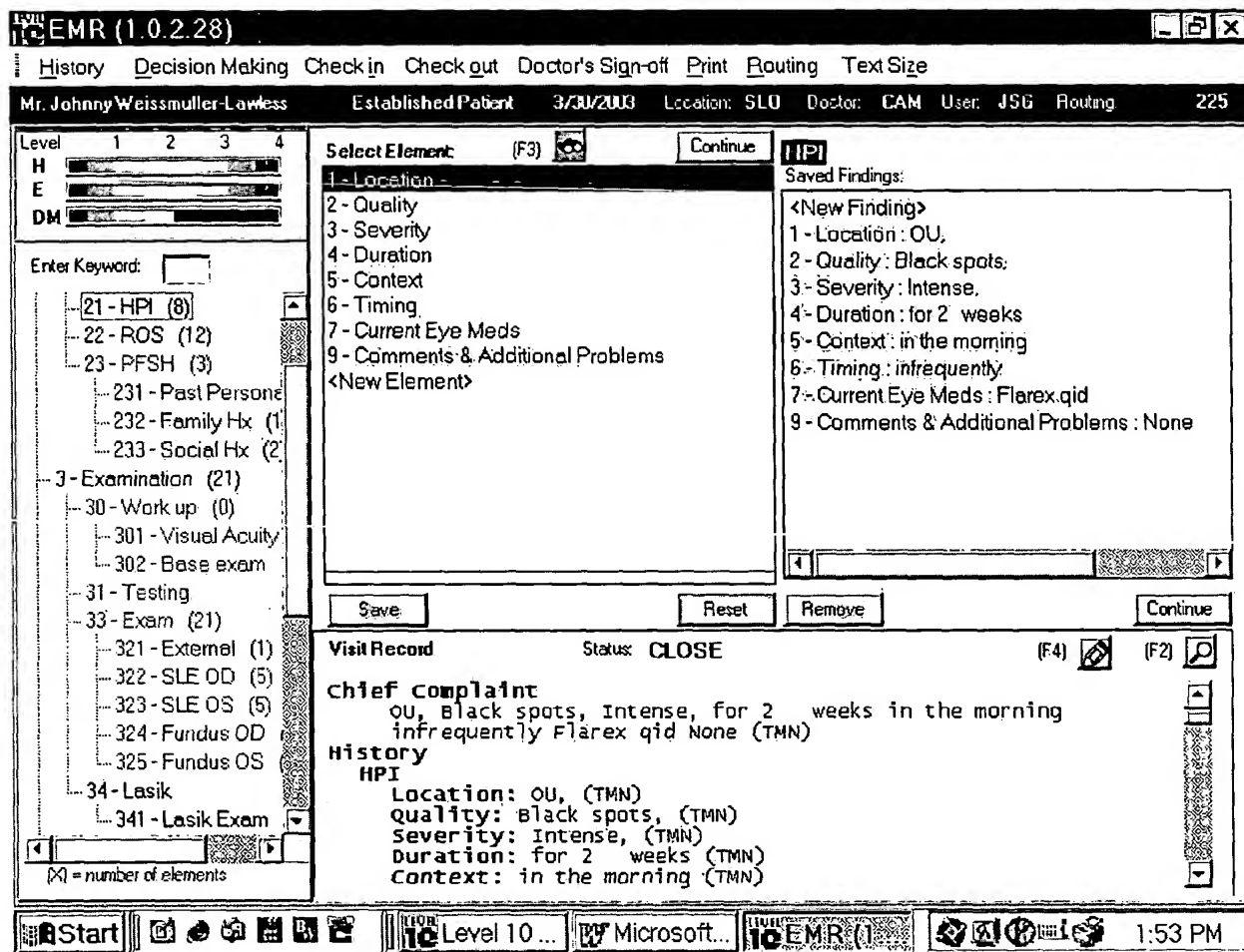
Patient

Start

Level 10 Opht

Microsoft Word

1:08 PM



EMR (1.0.2.29)

History Decision Making Check in Check out Doctor's Sign-off Print Routing Text Size

Mr. Johnny Weissmuller-Lawless Established Patient 5/30/2003 Location: SLU Doctor: MBL User: JSG Routing: 646

Level	1	2	3	4
H				
E				
DM				

Enter Keyword:

- 21 - HPI (4)
- 22 - ROS (12)
- 23 - PFSH (3)
 - 231 - Past Personal Hx
 - 232 - Family Hx (1)
 - 233 - Social Hx (2)
- 3 - Examination (21)
 - 30 - Work up (0)
 - 301 - Visual Acuity
 - 302 - Base exam
 - 31 - Testing
 - 33 - Exam (21)
 - 321 - External (1)
 - 322 - SLE OD (5)
 - 323 - SLE OS (5)
 - 324 - Fundus OD
 - 325 - Fundus OS
 - 34 - Lasik
 - 341 - Lasik Exam

(X) = number of elements

Select Element: (F3)

1 - Allergies & Reactions

2 - Current meds

Current meds

Select Findings:

Etrafon - Etrafon

Feldene - Feldene

Enter Findings: (F2)

Feldene

Save

Past Personal Hx

1 - Allergies & Reactions: Penicillin

2 - Current meds: Feldene

3 - Illnesses/Injuries: Good general health

4 - Operations/Admissions: Knee replaced R side

5 - Current Eye Meds: Flarex

6 - Past Eye Surgeries: LASIK ou 1998

Visit Record Status: CLOSE (F4) (F2)

PFSH

Past Personal Hx

Allergies & Reactions: Penicillin, (TMN)

Current meds: Feldene, (TMN)

Illnesses/Injuries: Good general health (TMN)

Operations/Admissions: Knee replaced R side 1999 (TMN)

Current Eye Meds: Flarex (TMN)

Past Eye Surgeries: LASIK ou 1998 (TMN)

Family Hx

Mother: Glaucoma, (TMN)

Start Level 10 O... EMR (1.0.2.29) 10:13 AM

Doctor's SignOff

Mr. Johnny Weissmuller-Lawless | Established Patient | 6/13/2003 | Location: SLO | Doctor: MBL | User: JSG | Routing: 023

Decision Making | Billing

OPEN ☐ Post-O | Selected E& 99211 | Eye Code:
☐ Intermediate 9201
☐ Complete 9201
☒ E & M

Claim Stat New | Calculat | Select E& | Modifier:
☐ -24 - Unrelated Exam/Past-o
☐ -25 - Same day eval/ proced
☐ -57 - Decision for surgery

Procedures

Bill	CPT	Description	ICD	M1	M2
<input checked="" type="checkbox"/>	9201	Intermediate	9201		

[Link to](#)

Diagnoses

Bill	Prima	ICD	Description
<input checked="" type="checkbox"/>		386.1	GLAUCOMASUSPECT

Save | SignOff | ReOpen | Cancel

Start | Level... | Micros... | EMR... | Doct... | 1:57 PM

Level 10 Ophthalmology (1.0.2.28) - [Patient]

AdminBillingReferenceSchedulePasswordLogoutExitWindow

Location: SLOFirst: JohnnyLast: Weissmuller-LawlessMI: Pronunciation/
Nick Name: Suffix:

Account No: 15Co-Pay: \$10Status: Financial Class: Age: 53

PersonalNotesInsuranceAppointmentsEMRApprovalsRecallsPaymentsChargesLedger

View: MedicareFrom: 08/01/2003To: 08/01/2003ShowClear

Patient Notes:

Tot. Balance: \$579.43Ins. Bal 1: \$74.432:3:Pt. Resp. \$505.00

	Post Date	Routing	Visit Date	Notes	Doctor	Location	Charge	Adjustment	Credit	Balance
<div></div>	02/22/2003	433	02/21/2003	<div></div>	ABC	SLO	150.00	31.96	38.61	79.43
<div></div>	10/21/2002			<div></div>		SLO	4000.00		3500.00	500.00

Last updated by: JSG

SaveCancel

on: 7/24/2003 8:19 AM

Level 10 LoginLevel 10 Find PatientLevel 10 Available D...Level 10 Today's Ap...Level 10 Today's Ap...Level 10 Appointme...Level 10 PatientLevel 10 Reconciliat...Level 10 Review Cla...

StartLevel 10 OphMicrosoft Word - ...1:48 PM

Insurance Company

Name: Blue Cross

Street: P. O. Box 60007

City: Los Angeles

State: CA

Zip: 90060-0007

Phone:

Fax:

Attention: Claims Department

Eligibility Phone:

Ext:

Claims Phone:

Ext:

Claim Form:

Medigap Code: 00346

NEIC Code:

Carrier Type:

EMC Dest. Code:

EDI Type: C1

Financial Class: PPO

EDI Claim Filing Indicator: BL

EDI Receiver ID:

Web Site: bluecrossca.com

Last update: 3/19/2003

By: JSG

Doctor's ID

Location:

Arroyo Grande

Cambria

Haltcyon

Kinn City

San Luis Obispo

Santa Maria

Templeton

Doctor	FIN	Group No	Using ID Of
Michael B. Limberg			
Michael B. Limberg			
Michael B. Limberg			
Michael B. Limberg			
Michael B. Limberg			
Michael B. Limberg			
Michael B. Limberg			
Michael B. Limberg			
Michael B. Limberg			

Save

Remove

Cancel

1/2003

Refresh

rier

Rank

Charge

Phone

Carrier Type

8004226099

5597341221

8005647475

8003225709

8003456784

8006620876

8007272227

8002928868

8002322345

8006276655

3126537330

8003622218

8004320216

8002620820

8006428516

8004320750

8009424254

8009521976

8005727331

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FIG. 4k

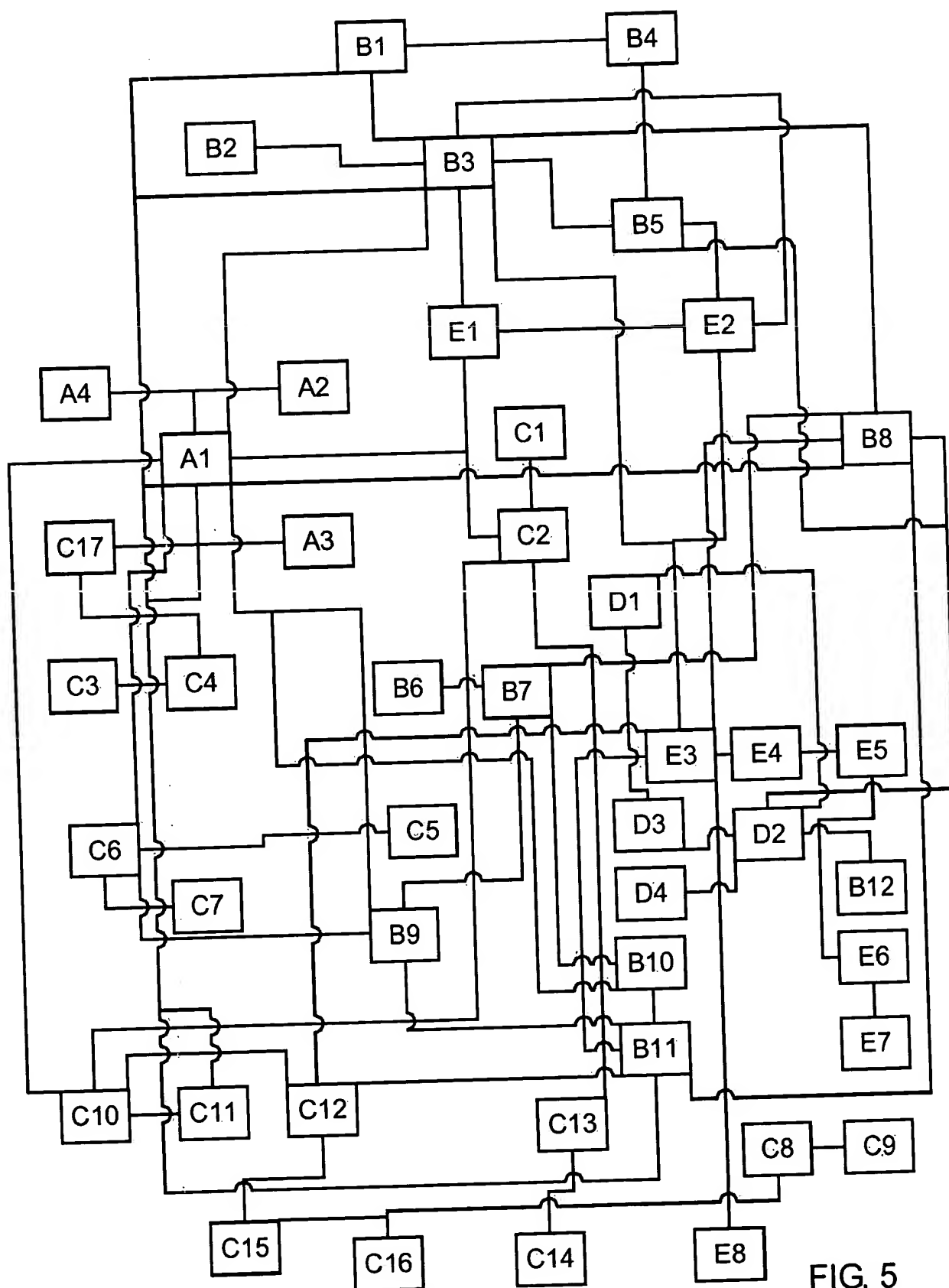


FIG. 5

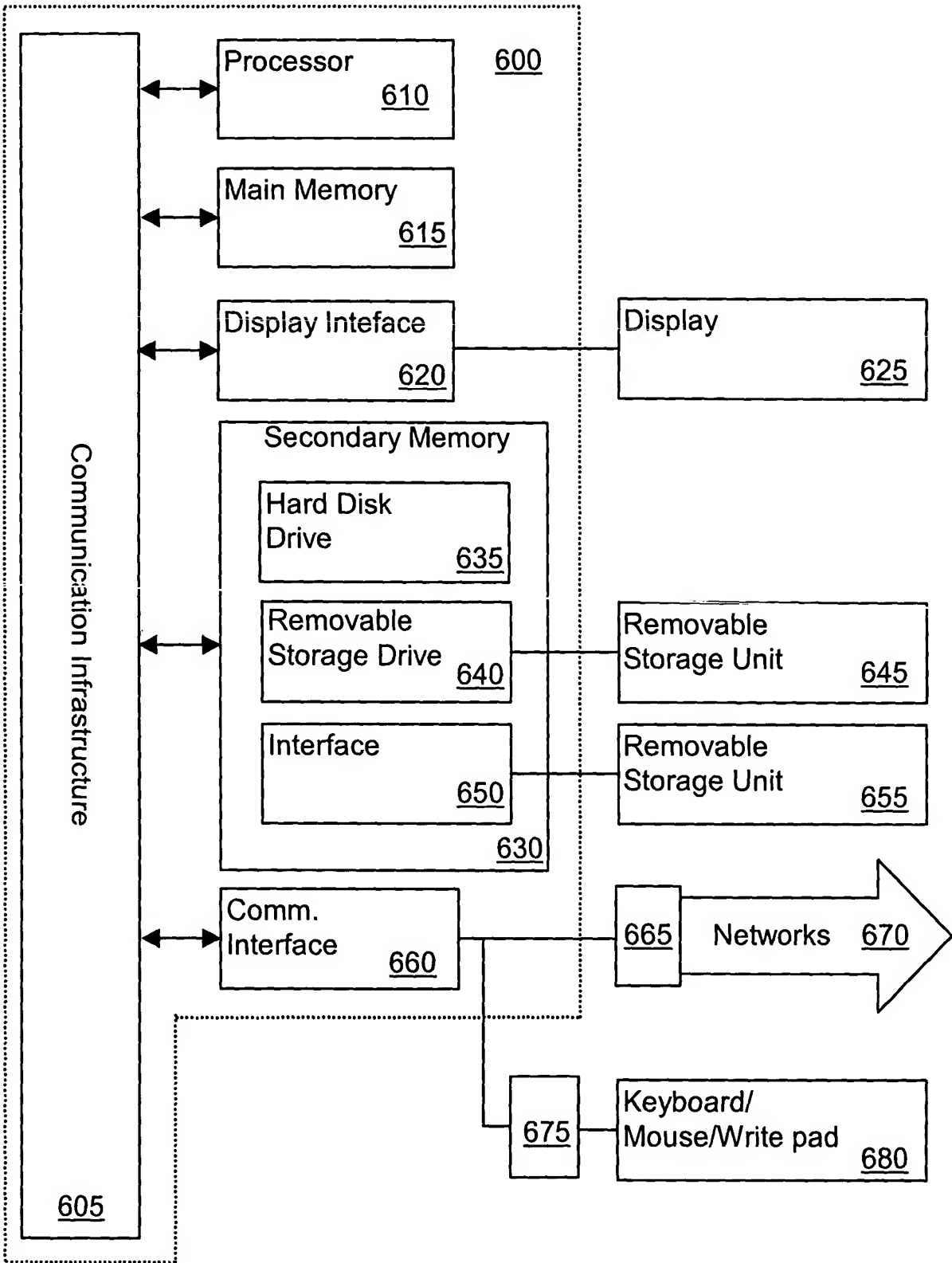


FIG. 6